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PTO/SB/01 (10-00)
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**DECLARATION
AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	J&J-2022
First Named Inventor	Kollias et al.
COMPLETE IF KNOWN	
Application Number	09/845,956
Filing Date	April 30, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TISSUE ABLATION BY SHEAR FORCE FOR SAMPLING BIOLOGICAL FLUIDS AND DELIVERING ACTIVE AGENTS
(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 04/30/2001 as United States Application Number or PCT International Application Number
09/845,956

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/200,839	May 1, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** → Place Customer Number Bar Code Label Here

AND

☐ Practitioner(s) named below: Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to William E. McGowan at telephone number (732) 524-2197.

Direct all correspondence to: ☒ Customer Number or Bar Code Label **000027777** OR ☐ Correspondence address below

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Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) Nikiforos

Family Name

Kollias

Inventor's

Signature

Date

24/9/01

Residence: City Skillman

State NJ

Country USA

Citizenship USA

Mailing Address 406 Sunset Road

City

Skillman

State NJ

ZIP 08558

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) Ying

Family Name
or Surname

Sun

Inventor's

Signature

Date

Residence: City Somerville

State NJ

Country USA

Citizenship USA

Mailing Address 90 Woodview Drive

City

Belle Meade

State NJ

ZIP 08502

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any)) Coston

Family Name
or Surname

Anthony F.

Inventor's

Signature

Date

Residence: City Stockton

State NJ

Country USA

Citizenship USA

Mailing Address 7 Higgins Farm Road

City

Stockton

State NJ

ZIP 08559

Country USA



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Filing Date

Status

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Given Name
(first and middle (if any)) Nikiforos

Family Name
or Surname Kollas

Inventor's
Signature

Date

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State NJ

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City Skillman

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any)) Ying

Family Name
or Surname Sun

Inventor's
Signature

Date

Sept. 20, 2001

Residence: City Somerville

State NJ

Country USA

Citizenship USA

Mailing Address 90 Woodview Drive

City Belle Meade

State NJ

ZIP 08502

Country USA

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